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### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
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**COVER PAGE** 

Filed Date: 01/28/2019 09:31 AM

SAN: FPPC

NAME OF FILER	(LAST)	* ****	(FIRST)	(MIDDLE)
Maddox		Van	Α Α	
l. Office, Agen	ncy, or Court			
Agency Name (	(Do not use acronyms)			
County of Si	ierra			
Division, Board,	Department, District, if applicable		Your Position	,
	<u> </u>		Treasurer	
► If filing for mu	ultiple positions, list below or on an attachme	ent. (Do not use	acronyms)	
Agency:			Position:	· · · · · · · · · · · · · · · · · · ·
2. Jurisdiction	of Office (Check at least one box)		and the state of t	
☐ State			☐ Judge or Court Commissioner (S	statewide Jurisdiction)
☐ Multi-County				
			☐ Other	
Oity or			Other	
3. Type of Sta	tement (Check at least one box)			
De	ne period covered is January 1, 2018, throug ecember 31, 2018.	jh	Leaving Office: Date Left(Check	one circle.)
	ne period covered is//	, through	<ul> <li>The period covered is Janual leaving office.</li> </ul>	ary 1, 2018, through the date of
☐ Assuming (	Office: Date assumed//		<ul> <li>-or-</li> <li>The period covered is</li> <li>the date of leaving office.</li> </ul>	, through
Candidate:	Date of Electionand	office sought, if		
I. Schedule S	ummary (must complete) ► 7	otal number	of pages including this cover pages	age:1
Schedules			or pages anymaning and sever pr	
Schedu	le A-1 - Investments – schedule attached	Г	Schedule C - Income, Loans, & Busine	ss Positions - schedule attached
☐ Schedu	le A-2 - Investments - schedule attached		Schedule D - Income - Gifts - schedul	
☐ Schedu	le B - Real Property - schedule attached		Schedule E - Income - Gifts - Travel I	Payments - schedule attached
-or-				
✓ None - N	lo reportable interests on any sched	ule		
5. Verification				
MAILING ADDRESS	STREET Address Recommended - Public Document)	CITY .	STATE	ZIP CODE
PO Box 236		Calpine	CA	96124-0236
DAYTIME TELEPHO			E-MAIL ADDRESS .	
(530)289	9-3286		auttc@sierracounty.ca.gov	
	easonable diligence in preparing this statement attached schedules is true and complete.			nowledge the information contained
I certify under	penalty of perjury under the laws of the S	State of Californ	ia that the foregoing is true and correc	et.
Date Signed	01/28/2019 09:31 AM	Si	gnatureElectronic	Submission
	(month, day, year)	0.	(File the originally signed paper st	atement with your filing official.)

#### CALIFORNIA FORM 7 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

### STATEMENT OF ECONOMIC INTERESTS **COVER PAGE**

**FILED** Datsiffers For Universely
Official Use Only
FEB 0.5 2018

A PUBLIC DOCUMENT	COV	ER PAGE	HEATHER FOSTER
ease type or print in ink.			BY:
ME OF FILER (LAST)	(FIRST)		(MIDDLE)
addox	Van		Alan
Office, Agency, or Court			
Agency Name (Do not use acronyms)		<del></del>	
County of Sierra			
Division, Board, Department, District, if applic	able	Your Position	
		Auditor/Treasurer - Tax (	Collector
► If filing for multiple positions, list below or	on an attachment. (Do not use acr	ronyms)	· · · · · · · · · · · · · · · · · · ·
Agency:		Position:	7
Jurisdiction of Office (Check at lea	and any have		
	st one box)		
State		Judge or Court Commissioner (	Statewide Jurisdiction)
Multi-County		■ County of Sierra	
☐ City of		Other	
<del></del>	·	· · · · · · · · · · · · · · · · · · ·	·
Type of Statement (Check at least of	ne box)		
X Annual: The period covered is January	1, 2017, through	☐ Leaving Office: Date Left	
December 31, 2017or-	·	(Check one)	
The period covered is/_ December 31, 2017.	, through	<ul> <li>The period covered is Januleaving office.</li> </ul>	uary 1, 2017, through the date of
Assuming Office: Date assumed			/, through
Candidate: Date of Election	in and affine accept if all		
Candidate: Date of Election	and office sought, if di	nerent than Part 1:	
Schedule Summary (must comp	lete) ► Total number of	pages including this cover (	page:0
Schedules attached	,	,,	
		hadala O danama danama A Dania	Desitions and design attacked
Schedule A-1 - Investments schedu		hedule C - Income, Loans, & Busine	
<ul> <li>Schedule A-2 - Investments – schedu</li> <li>Schedule B - Real Property – schedu</li> </ul>		hedule D - Income - Gifts - schedu hedule E - Income - Gifts - Travel	
Schedule B - Near Property - Schedu	ile attacrieu 3c	nedule L - Income - Ons - Haver	ayments — somedule attached
	un anu achadula		
None - No reportable interests of	il ally schedule		
Verification	0.71		7/0.0005
MAILING ADDRESS STREET (Business or Agency Address Recommended - Public Doo	CITY cument)	STATE	ZIP CODE
PO Box D	Downievill	le Ca	95936
DAYTIME TELEPHONE NUMBER	E-M	AIL ADDRESS	
( 530 ) 289-3295			*
I have used all reasonable diligence in prepar herein and in any attached schedules is true			knowledge the information containe
I certify under penalty of perjury under the	a laws of the State of California th	hat the foregoing is true and corre	ech
Data Signed Feb. 5, 2018	0i		
Date Signed Feb. 5, 2016	Signat		tement with your filing official.)

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

Please type or print in ink.

#### STATEMENT OF ECONOMIC INTERESTS

Date Initial Filing Received
Official Use Only

**COVER PAGE** 

Filed Date: 03/13/2017 11:39 AM SAN: FPPC

NAME OF FILER (LAST)	· (F	FIRST)			(MIDDLE)
Maddox	\	√an			Α
1. Office, Agenc	y, or Court				
Agency Name (Do	not use acronyms)	-			
County of Sier	rra				
Division, Board, De	epartment, District, if applicable		Your Posi	tion	
			Treasu	rer	
► If filing for multi	ple positions, list below or on an attachmen	t. (Do not use	acronyms)		
Agency:			_ Position:		
2. Jurisdiction of	of Office (Check at least one box)		,	<del></del>	•••
☐ State	,		☐ Judge o	r Court Commissioner	(Statewide Jurisdiction)
_			<b>✗</b> County (		
_					
☐ City of					
3. Type of State	ment (Check at least one box)				
Dece	period covered is January 1, 2016, through ember 31, 2016.		Leaving (Check		
	period covered is/ember 31, 2016.	, through		period covered is Jan ring office.	uary 1, 2016, through the date of
☐ Assuming Off	fice: Date assumed//		O The	period covered is date of leaving office.	, through
☐ Candidate: E	Election year and of	fice sought, if o	different than Par	t 1:	
4. Schedule Sui Schedules a		tal number	of pages incl	luding this cover	page:1
Schedule /	A-1 - Investments - schedule attached		] Schedule C - II	ncome, Loans, & Busin	ness Positions - schedule attached
Schedule /	A-2 - Investments - schedule attached		] Schedule D - //	ncome - Gifts - sched	ule attached
Schedule I	B - Real Property - schedule attached		] Schedule E - Ir	ncome – Gifts – Travel	Payments - schedule attached
-or-					
<b>☒ None -</b> No	reportable interests on any schedu	le			
5. Verification			•		
MAILING ADDRESS (Business or Agency Ag	STREET Idress Recommended - Public Document)	CITY		STATE	ZIP CODE
P.O. Box 326	·	Calpine		CA	96124-0326
DAYTIME TELEPHONE	NUMBER		E-MAIL ADDRESS		
( )	-			acounty.ca.gov	
	sonable diligence in preparing this statement attached schedules is true and complete. I				knowledge the information contained
I certify under per	nalty of perjury under the laws of the Sta	ate of Californ	ia that the foreg	joing is true and corr	ect.
Date Signed	03/13/2017 11:39 AM	Si	gnature	Electroni	ic Submission
	(month, day, year)	-		(File the originally signed st	atement with your filing official.)

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

# STATEMENT OF ECONOMIC INTERESTS COVER PAGE

Date Initial Filling Received

Please type or print in ink.  NAME OF FILER (LAST)	(FIRST)		(MIDDLE)
Maddox	Van	Ala	ın
i. Office, Agency, or Court			
Agency Name (Do not use acronyms)			
Sierra County			:
Division, Board, Department, District, it	applicable	Your Position	
•		Auditor Treasurer Tax Collec	ctor
▶ If filing for multiple positions, list be	slow or on an attachment. (Do not use	acronyms)	
Agency:		Position:	
2. Jurisdiction of Office (Check	( at least one box)	· · · · · · · · · · · · · · · · · · ·	
☐ State	•	☐ Judge or Court Commissioner (State	ewide Jurisdiction)
_		0!	· ·
Multi-County			
City of		Other	
3. Type of Statement (Check at	least one box)		
✓ Annual: The period covered is J	•	Leaving Office: Date Left/	· ·
December 31, 2015.	andary 1, 2010, anough	(Check one)	
The period covered is	, through	<ul> <li>The period covered is January leaving office.</li> <li>-or-</li> </ul>	1, 2015, through the date of
Assuming Office: Date assume	d	The period covered is/_ the date of leaving office.	, through
Candidate: Election year	and office sought, if d	lifferent than Part 1:	· · · · · · · · · · · · · · · · · · ·
4 Schedule Summary (must	complete) > Total number	of pages including this cover pag	
Schedules attached	zampioni v	or bades incidanta and costs, bad.	
Schedule A-1 - Investments -		Schedule C - Income, Loans, & Business I	
Schedule A-2 - Investments -		Schedule D - Income - Gifts - schedule at	
Schedule B - Real Property -	scriedule attached	Schedule E - Income - Gifts - Travel Payr	nems – scriedule attached
✓ None - No reportable inter	coto on any cobadula		
5. Verification	ests our any scriedule		
MAILING ADDRESS STREET	CITY	STATE	ZIP CODE
(Business or Agency Address Recommended - F		0-	. 06124
P.O. Box 376  DAYTIME TELEPHONE NUMBER	Downieville	E-MAIL ADDRESS	96124
( 530 ) 289-3286		AUTTC@sierracounty.ca.gov	
I have used all reasonable diligence in	preparing this statement. I have review is true and complete. I acknowledge the	ved this statement and to the best of my know	wledge the information contain
I certify under penalty of perjury ur	•	ia that the foregoing is true and correct.	
Date Signed 01/14/2016	Sic	gnature	
(month, day,		(File the originally signed statement	t with your filing official.)



## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

FILED SIERRA COUNTY CLERK Date Initial Filing MARREDERFEID 15 Official Use Only

HEAR	HER FOSTE	R
BY: WEAT	NOV	DEPUTY

NAME OF FILER (LAST)	(FIRST) (MIDDLE)
TOTAL OF FILER	,
MADDOX VAN	ALAN
1. Office, Agency, or Court	
Agency Name (Do not use acronyms)	
COUNTY OF SIERRA	
Division, Board, Department, District, if applicable	Your Position
	AUDITOR/TREASURER - TAX COLLECTOR
▶ If filing for multiple positions, list below or on an attachment. (Do not use acro	onyms)
Agency:	Position:
2. Jurisdiction of Office (Check at least one box)	
State	☐ Judge or Court Commissioner (Statewide Jurisdiction)
<del>_</del>	✓ County of SIERRA
City of	Other
3. Type of Statement (Check at least one box)	
Annual: The period covered is January 1, 2014, through December 31, 2014.	Leaving Office: Date Left/(Check one)
The period covered is/, through December 31, 2014.	<ul> <li>The period covered is January 1, 2014, through the date of leaving office.</li> </ul>
Assuming Office: Date assumed/	The period covered is/, through the date of leaving office.
Candidate: Election year and office sought, if differ	
4. Schedule Summary	
Check applicable schedules or "None." ► Total nui	mber of pages including this cover page:
Schedule A-1 - Investments – schedule attached	Schedule C - Income, Loans, & Business Positions - schedule attached
	Schedule D - Income - Gifts - schedule attached
☐ Schedule B - Real Property – schedule attached	Schedule E - Income - Gifts - Travel Payments - schedule attached
-or-	
✓ None - No reportable interests o	n any schedule
5. Verification	
MAILING ADDRESS STREET CITY (Business or Agency Address Recommended - Public Document)	STATE ZIP CODE
P.O. BOX 236 CALPINE	CA 96124
DAYTIME TELEPHONE NUMBER	AIL ADDRESS
	nmaddox@gmail.com
I have used all reasonable diligence in preparing this statement. I have reviewed therein and in any attached schedules is true and complete. I acknowledge this is	
I certify under penalty of perjury under the laws of the State of California t	nat the foregoing is true and correct.
Date Signed 03/13/2015 Signal	
Date Signed (month, day, year)	(File the originally signed statement with your filing official.)

# CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS COVER PAGE

FILED

SIERRA COUNTY CLERK
Date Received

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A PUBLIC DOCUMENT	COVER PAGE			HEATHER FOSTER	
Please type or print in ink.	<u> </u>		e do atro		
NAME OF FILER (LAST)		(FIRST)		(MIDDLE)	
Måddox	Van	the second secon	Alan	· · · · · · · · · · · · · · · · · · ·	
. Office, Agency, or Court					
Agency Name (Do not use acronyms)					
Auditor/Treasurer - Tax Collector of Sierra Coun	ıty -				
Division, Board, Department, District, if applicable		Your Position			
		Auditor/Treasure	er-Tax Collecto	or	
► If filing for multiple positions, list below or on an attachment.	. (Do not use acr	onyms)			
Agency:		<b>D</b> W		•	
Agency:					
. Jurisdiction of Office (Check at least one box)	<u> </u>	r 10 13 t	eries por regions con la saar pro-la		
☐ State		☐ Judge or Court Com	nmissioner (Statew	ide Jurisdiction)	
Multi-County		✓ County of Sierra	•	<u>,</u>	
,					
City of		Uther	_		
. Type of Statement (Check at least one box)	र र व च । सङ्घ्रमण वार च		- <u>** * * * </u> ** !*	e minimi in menerale in in in the great in t	
Annual: The period covered is January 1, 2013, through		☐ Leaving Office: □	ate Left/_		
December 31, 2013.		(Check one)			
The period covered is/	_, through	<ul><li>The period cover</li><li>leaving office.</li></ul>	ered is January 1,	2013, through the date of	
Assuming Office: Date assumed		The period cover the date of leavent covered the date		, through	
✓ Candidate: Election year2014 and offi	ce sought, if differ				
. Schedule Summary	· 1 1 x-	T / 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Check applicable schedules or "None."	▶ Total nu	mber of pages incl	uding this cov	rer page:	
Schedule A-1 - Investments - schedule attached	□ :	Schedule C - Income 1 o	oans. & Business .	Positions – schedule attached	
Schedule A-2 - Investments – schedule attached	_	Schedule D - Income -	•		
Schedule B - Real Property - schedule attached	=			ments – schedule attached	
• •	or-				
	ortable interests o	on any schedule			
. Verification		TO THE HEAD OF THE TOTAL STREET	n e la name		
MAILING ADDRESS STREET (Business or Appended Address Recommended Business Properties)	CITY	<u> </u>	STATE	ZIP CODE	
(Business or Agency Address Recommended - Public Document) P.O. Box 236 C	alpine		Са	96124	
DAYTIME TELEPHONE NUMBER	•	AIL ADDRESS (OPTIONAL)	<u> </u>		
( 530 ) 515-7122		nmaddox@gmail.c	com		
I have used all reasonable diligence in preparing this statement. herein and in any attached schedules is true and complete.	I have reviewed	this statement and to the		edge the information contained	
I certify under penalty of perjury under the laws of the Stat	_		e and correct.		
, , , , , , , , , , , , , , , , , , ,					
Date Signed 2-12-2014	Signat	ture			
(month, day, year)	3		sinally signed statement w	ith your filing official )	

### SCHEDULE B Interests in Real Property (Including Rental Income)

	RNIA FORM	
Name		

ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS	► ASSESSOR'S PARCEL NUMBER OR STREET ADDRESS
302 Mountian View Rd.	
CITY	CITY
Calpine	
FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000   / 13   / 13     / 13     / 13     / 13     / 14   / 15	FAIR MARKET VALUE   IF APPLICABLE, LIST DATE:   \$2,000 - \$10,000
NATURE OF INTEREST	NATURE OF INTEREST
✓ Ownership/Deed of Trust	Ownership/Deed of Trust
Leasehold Other	Leasehold Other
IF RENTAL PROPERTY, GROSS INCOME RECEIVED	IF RENTAL PROPERTY, GROSS INCOME RECEIVED
\$0 - \$499 \$500 - \$1,000 \$1,001 - \$10,000	☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
S10,001 - \$100,000 OVER \$100,000	☐ \$10,001 - \$100,000 ☐ OVER \$100,000
SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.	SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.
business on terms available to members of the public loans received not in a lender's regular course of business.	<del>-</del>
NAME OF LENDER*  Olsen Trust	NAME OF LENDER*
ADDRESS (Business Address Acceptable) 5400 Halsted Ave. Carmichael, ca	ADDRESS (Business Address Acceptable)
BUSINESS ACTIVITY, IF ANY, OF LENDER	BUSINESS ACTIVITY, IF ANY, OF LENDER
INTEREST RATE TERM (Months/Years)  6 None 10 years	INTEREST RATE TERM (Months/Years)%
HIGHEST BALANCE DURING REPORTING PERIOD	HIGHEST BALANCE DURING REPORTING PERIOD
\$500 - \$1,000  \\$1,001 - \\$10,000	\$500 - \$1,000  \\$1,001 - \\$10,000
✓ \$10,001 - \$100,000 ☐ OVER \$100,000	S10,001 - \$100,000 OVER \$100,000
Guarantor, if applicable	Guarantor, if applicable
Comments:	